







JUDICIAL FINANCIAL DISCLOSURE STATEMENT FOR YEAR ENDING

DECEMBER 31, 20<u>07</u>



GENERAL INFORMATION

JAN 31 2008

1.	Name Connie J. Steinheimer		COMMISSION ON ETHICS		
2.	Title Chief Judge, Second Judicia	al District Court, Dept.			
3.	Mailing address P.O. Box 30083				
	Reno, Nevada 89520-3	083			
4.	Length of residence in Nevada 56 years				
5.	County in which you are registered to vote Wa	shoe			
6.	Length of residence in the county in which you are registered to vote 56 years				
	COMPENSATION FOR EXT	RA-JUDICIAL ACTIVITIES			
7.	Disclose the date, place, and nature of any extra-jude name of the payor, and the amount of the compensations sheets if necessary. Date Nature and Place of A. None	on so received. See Canon 4I(2)(a)(ii). A	mpensation, the ttach additional Amount		
	INCOME				
8.	Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from such sources should be disclosed under a general heading such as "professional services." See Canon 4I(2)(a)(iii). Attach additional sheets if necessary. Source of Income Recipient				
	State of Nevada	Self			
	Consulting Services	Spouse			
	US Federal Government	Child			
	Action Watersports	Child			

REAL PROPERTY

	9.	Disclose the specific location, nature, and particular use of any real estate which has a fair market value of \$2,500 or more, other than your personal residence, in which you or a member of your household has a legal or beneficial interest, and is located in Nevada or any adjacent state. See Canon 4I(2)(a)(iv). Specific addresses are required – list the street address or legal description. You must designate whether the property is unimproved vacant land, agricultural land, commercial building, apartments, single-family, rental, etc. Attach additional sheets if necessary.				
	be are properly add and properly add and add a	Specific Location 1717 Highway 28	Nature/Particular Use	Interest Holder		
		Incline Village, NV 301 Flint Street	Vacation Home	Self		
		Reno, NV 7000 Sierra Vista Way	Office Building	Self/Spouse		
11. In the steem of the steem o	Reno, NV 45695 Del Gado	Deceased Parents' Home	Self			
		Indian Wells, CA 575 Hardie Lane	Vacation Home	Self		
		Fernley, NV	Agricultural Land	Self		
	10.	Disclose the name of each creditor to whom you or a member of your household owes \$5,000 or more unless: (a) the debit is secured by a mortgage or deed of trust on real property which is not required to be listed under question 9 above, or (b) the debt is over for this latest and the listed under the control of the debt is over for this latest and the latest and				
		question 9 above, or (b) the debt is one for which a security interest in a motor vehicle for personal use was retained by the seller or its assignee or designee. See Canon 4I(2)(a)(v). Attach additional sheets if necessary. Name of Creditor None				
		<u>B</u> 1	USINESS ENTITIES			
11. List each business entity in which you or a member of your household is involved as a trustee, trust, director, officer, owner (in whole or in part), limited or general partner, or holder of any security representing one percent or more of the total outstanding stock or securities issued entity. See Canon 4I(2)(a)(vi). Attach additional sheets if necessary. **Business Entity** Nature of Involvement* **Person Inv.*						
The	St	einheimer Marital Trust	Trustee/Beneficiary	Self		
The	St	einheimer Residual Trust	'A' Trustee/Beneficiary	Self		
		einheimer Residual Trust		Self		
			Trust Trustee/Beneficiary			
		nt Street, LLC	Manager/Presiding Manager			

GIFTS, BEQUESTS, FAVORS, OR LOANS

Disclose the date, place, name of the donor, amount, and nature of any gift, bequest, favor or loan to you or to a member of your family residing in your household if its value exceeded \$200, unless this disclosure is not required by Section 4D of the Code of Judicial Conduct. See especially Canon 4D(5)(h) and 4I(2)(a)(vii). Attach additional sheets if necessary.				
Date	Name and Place of Gift	Name of Donor	Amount	
None				
			To the second se	
The Marie and State of the Stat			****	
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I HEREBY CERTIFY THAT	T THE INFORMATION CONTAINED IN THIS	s Document is True and Com	PLETE.	
1/28/08		1St. 1.		
Date		Signature Signature		
		Oignature		
File this form with the St	rate Court Administrator.			
Deliver or mail to:				
State Court A	dministrator			

State Court Administrator Administrative Office of the Courts 201 S. Carson Street, Suite 250 Carson City, Nevada 89701-4702

Telephone: (775) 684-1700